

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5279

CERTIFICATE OF DEATH

BIRTH NO. 727		REGISTRAR'S NO. 2115	
1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 9 days 67 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1214 E. Cocopah	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County Hospital		D. STREET ADDRESS	
3. NAME OF DECEASED (TYPE OR PRINT) IRVING SILLIMAN		4. SEX Male	
5. COLOR OR RACE White		6. MARIED - - - - - NEVER MARIED WIDOWED <input checked="" type="checkbox"/> DIVORCED	
7. DATE OF BIRTH MONTH DAY YEAR July 21 1861		8. AGE YEARS MONTHS DAYS 90 2 9	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Baker		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN?) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. None		14. FATHER'S NAME Silliman	
15. BIRTHPLACE (STATE OR COUNTRY) New York		16. INFORMANT'S SIGNATURE Les Whitfill, 826 E. Glendale Ave.	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 30 1951		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 29 1951 TO Sept. 30 1951 THAT I LAST SAW THE DECEASED ALIVE ON Sept. 29 1951 AND THAT DEATH OCCURRED AT 1:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. SIGNATURE (DEGREE OR TITLE) Charles E. Linderman M.D.	
24. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24B. DATE 10/3/51	
24C. NAME OF CEMETERY OR CREMATORY Greenwood		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.	
25A. DATE REC'D BY LOCAL REG. 10/2/51		25B. REGISTRAR'S SIGNATURE Beulah Johnston	
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Whitney & Murphy Funeral Home.		27. EMERALD'S SIGNATURE CERT. NO.	